



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures, Storage Tank Regulation
 P.O. Box 7837 Madison, WI 53707-7837
 (608) 224-4942

FOR OFFICE USE ONLY

Reg Obj #:

CHECKLIST FOR UNDERGROUND TANK INSTALLATION

The information you provide may be used for purposes other than that for which it was originally collected (s.15.04(1)(m) Wis. Stats.)

Complete one form for each tank and related piping.

This checklist covers the installation of: ☐ Tank ☐ Piping

Wis. Admin. Code §ATCP 93.115

IDENTIFICATION: (Please Print)	
INSTALLATION NAME	COUNTY
INSTALLATION STREET ADDRESS (Not PO Box)	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE: STATE ZIP
OWNER LEGAL NAME	COUNTY TELEPHONE: () - E-MAIL ADDRESS
OWNER STREET ADDRESS	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE: STATE ZIP

PLAN APPROVAL	Installer Verified	Inspector Verified	NA
1. Plans have been submitted and approved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State plan number/LPO plan number is:			
3. Tank Capacity: gallons. Tank contents, if known:			

TANK CONSTRUCTION	Installer Verified	Inspector Verified	NA
1. Tank is new and carries UL or other national testing label.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is used, but has been recertified to meet current codes and standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank is corrosion protected (<input type="checkbox"/> fiberglass or <input type="checkbox"/> composite tank) and matches the equipment listed in the plan review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank vents do not terminate under eaves, are at least 5 feet from a building opening, and 15 feet from Power Vent air intake devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Class I flammable tank vents discharge at least 12 feet above ground level, or if installed within or attached to a canopy discharge is at least 5 feet above the highest part of the canopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Class II or III A liquid storage tank vents discharge higher than the fill pipe opening, and a minimum of 4 feet above ground level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overfill protection device is installed and matches plan submittal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spill containment device is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANK HANDLING AND TESTING	Installer Verified	Inspector Verified	NA
1. Pre-installation test of double-walled tank: <input type="checkbox"/> 1) pressurize inner tank to a maximum of 5 psi, seal inner tank and disconnect external air supply, monitor for one hour. After one hour, pressurize the interstitial space with a maximum 5 psi air from the inner tank and use a second gauge for monitoring the pressure. Soap all surfaces, seams and fittings and inspect for bubbles. OR <input type="checkbox"/> 2) Tank interstitial maintaining original factory vacuum/liquid fill level requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank tested after backfilling through precision test, approved tank gauge or interstitial monitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank gauge or interstitial monitor verified as operative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank coating was inspected and any damage to the coating repaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANK SITE AND BACKFILL	Installer Verified	Inspector Verified	NA
1. Tank is located a minimum of 3 feet from property lines and 1 foot from buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is spaced a minimum of 2 feet from any other tank, and from excavation walls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Backfill for composite, fiberglass clad steel, or fiberglass- tank is clean, washed, well granulated sand, crushed rock, or is pea gravel naturally round with minimum diameter of 1/8 inch and maximum size of 3/4 inch, or crushed rock or gravel between 1/8 and 1/2 inch in size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Minimum of 1 foot of compacted backfill in bottom of excavation or over top of hold down pad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Backfill materials over the top of a tank in an area subject to traffic should be compacted to a minimum depth of: <input type="checkbox"/> 36 inches if unpaved; <input type="checkbox"/> 30 inches if paved with 6 inches of asphalt; <input type="checkbox"/> 18 inches if paved with 8 inches of reinforced concrete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Backfill materials over the top of a tank in an area not subject to traffic should be compacted to a minimum depth of: <input type="checkbox"/> 2 feet if unpaved; <input type="checkbox"/> 1 foot if paved with 6 inches of asphalt or 4 inches of reinforced concrete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANK ANCHORAGE	Installer Verified	Inspector Verified	NA
1. Installation is in an area of high water table or subject to flooding and tank is anchored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Anchor straps for tank were non-conductive and placed according to manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PIPING (Indicate whether piping is <input type="checkbox"/> Fiberglass or <input type="checkbox"/> Flexible)	Installer Verified	Inspector Verified	NA
1. Piping maintains a 1/8 inch per foot slope toward a sump or a tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping trench provides a total of at least 18 inches of compacted backfill and paving on top of piping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pipes are separated by at least twice the pipe diameter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pipes are separated from the trench excavation sidewalls, electrical conduit, utilities, and other structures, by at least 6 inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Installer Verified	Inspector Verified	NA
5. Piping was isolated from the tank and dispenser and tested at 150% of operating pressure of the system (but not less than 50 psi) for 1 hour prior to and after backfilling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Secondary containment piping was tested for tightness before it was covered, enclosed or placed in use. For fiberglass piping test at 10 psi For flexible secondary piping, test at manufacturers' recommendation: psi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling. Indicate method(s): Prior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRE-OPERATIONAL FUNCTIONALITY VERIFICATION (Both TANK and PIPING)

1. Tank precision tightness test, including the ullage, verified the tank is tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sumps and spill buckets have been verified as liquid tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All sensors have been verified as functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ATG setup has been verified as accurate and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Leak detection method has been verified functional within the respective methodology parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY LEAK DETECTION (Check which applies under both TANK and PIPING)☐ Inspector Verified

Tank	<input type="checkbox"/> n/a	<input type="checkbox"/> Electronic interstitial monitoring	Manufacturer:	Sensor/Probe #:
Model Name/#:			Material Approval #:	
Piping	Pipe construction material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other (type):			
Primary Piping System Type: <input type="checkbox"/> Pressurized piping <input type="checkbox"/> Suction piping with check valve at tank <input type="checkbox"/> Suction piping with check valve at pump and inspectable				
Piping Catastrophic leak detection method: <input type="checkbox"/> Pressurized piping with → A) <input type="checkbox"/> Pump auto shutoff - ELLD B) <input type="checkbox"/> Flow restrictor – MLLD;				
Manufacturer/Model:				
Piping leak detection method: <input type="checkbox"/> Electronic interstitial monitoring – sump sensor or leak sensing cable				
Manufacturer/Sensor Model:				

INSTALLER CERTIFICATION

INSTALLATION COMPANY NAME (Please print)	INSTALLER CERTIFICATION NUMBER	TELEPHONE: () -	E-MAIL ADDRESS	
INSTALLATION COMPANY MAILING ADDRESS STREET	CITY	STATE	ZIP	

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and complies with ATCP 93.

INSTALLER SIGNATURE:

DATE SIGNED:

INSPECTOR INFORMATION

Inspection Dates:	1.	2.	3.	4.	5.	6.
INSPECTION COMPANY NAME)						

INSPECTOR SIGNATURE:

INSPECTOR #

LOCAL OPERATOR #:

DATE SIGNED::

FIRE DEPARTMENT PROVIDING COVERAGE

FDID #:

COMMENTS

--

TANK REGISTRATION FORM TR-WM-137 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST

Copy Distribution:

DATCP Inspector Contractor Owner